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o a collection of information unless it displays a valid OMB control number. Under the Pagerwork Reduction Act of 1995. Mainersons are required to respond to a co Application Number 10/828,681 Filing Date TRANSMITTAL 04-21-2004 First Named Inventor FORM Raymond Mcclanahan Art Unit 3772 Examiner Name Lewis, Kim (to be used for all correspondence after initial filing) Attorney Docket Number 014-304-1 (MCL-2.001.US) Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(a) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Document(s) THIS SUBMISSION IS BEING SENT VIA CENTRAL FAX NO. 1-571-273-8300 Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name GANZ LAW, P.C. Signature Printed name -Bradley M. Gana Oate Reg. No. 34,170 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Tracie Brooks Typed or printed name

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| | Application Number | 10/828(661 |
| POWER OF ATTORNEY | Filing Date | 04-21-2004 |
| and | First Named Inventor | Raymonio McClahahan |
| | Title | Orthotic foot care & platform method & apparalt |
| CORRESPONDENCE ADDRESS | Art Unit | 3772 |
| INDICATION FORM | Examiner Name. | Kim Lewis |
| | Attorney Docket Number | MCL-2:001.US |

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| Applicantilio | ventor. | | | | | |
| Assignee of | record of the entire interest. See 37 | CFR:3.71. | | | | |
| Stetement u | under 37 CFR 3.73(b) is enclosed. (f | | | | | |
| | BIGNATUR | CE of Applicant or A | eenglaa | of Record | | <u> </u> |
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| VOTE: Signatures of all Signature la required, se | the inventors or assignees of record of li se below. | no entire interest or their | r tebtaseu) | ative(s) are requir | ed. Submit mu | eno mstrenom il amos etqui |
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|--|-----------------------------|--|
| | Application Number | 10/828,661 |
| POWER OF ATTORNEY | Filing Date | 04-21-2004 |
| and | Pirat Named Inventor | Reymond McClanahan |
| CORRESPONDENCE ADDRESS INDICATION FORM | Art Unit | Orthotic foot care & platform method & apparatu |
| | Examiner Name | 3772 |
| | Attorney Docket Number | Kim Lawis |
| | Carrier and pocket unitable | MCL-2.001.US |

| | | Examiner Name | Kim Lawis | |
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| | | Attorney Docket Number | MCL-2.001.US | |
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| | ecord of the entire interest. See 37 CFR | 271 | | |
| Statement un | der 37 CFR 3.73(b) is enclosed. (Form I | PTO/SB/96) | · | |
| | A SIGNATURE of | Applicant or Assignee of Reco | rd . | |
| Signature | Kaymond Ci | manaho. | - Date 4/24/07 | |
| Name | Raymond A. McClanshan | 11-0/00-10-1 | Talephone | |
| Title and Company | N/A | | | |
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